



COLORADO
Department of Revenue
Marijuana Enforcement Division

Regulated Marijuana Business License Renewal Application

Marijuana Enforcement Division

Colorado Marijuana Enforcement Division

Regulated Business License Renewal Application Instructions

APPLICATION CHECKLIST

1 Application Fully Completed

Type or clearly print, in English, an answer to every question. If a question does not apply, indicate with an N/A. If the available space is insufficient, continue on a separate sheet and precede each answer with the appropriate title.

All renewals should be submitted prior to expiration.

2 Application Contents

- Required Disclosures
- Main Application
- Authorization Forms
- Affirmation of Reasonable Care

The disclosure requirements and the main application must be completed in full by at least one CBO of the RMB. If this is a renewal including a PTC, QPF, QII, or Mobile Hospitality, the appropriate addendum must also be attached (see forms page (<https://sbg.colorado.gov/med/applications-and-forms>) for addendums).

3 All Forms Signed & Attached

Each of the following accompanying forms must be completed and signed by a CBO of the RMB and returned with the application.

- Affirmation & Consent
- Tax Check Authorization
- Investigation Authorization/Authorization to Release Information
- Applicant's Request to Release Information (leave the "To:" section blank on that page)
- Affirmation of Reasonable Care (Complete only one of the boxes)

4 All Requested Information Attached

- See Renewal Application Required Disclosures (page 1 of application)

- Upon request by the Division, an Applicant must provide additional information or documents required to process and investigate the application within seven (7) days of the request.

Please note: This deadline may be extended for a period of time commensurate with the scope of the request.

5 Application and License Fees

All applications and documentation submitted must be single-sided and on 8.5x11 inch paper.

See fee table on website: [SBG.Colorado.gov/MarijuanaEnforcement](https://sbg.colorado.gov/MarijuanaEnforcement)

Application fees remitted to the State Licensing Authority and/or the Department of Revenue, are non-refundable.

- Submit complete application packet. All businesses must provide one complete copy along with the applicable fee (see fee schedule).
- Checks (in the name of the applicant), money orders and major credit cards (subject to service charge), are acceptable forms of payment.
- Mail-in applications can only be paid by check or money order.

NOTE: There will no longer be a grace period for the renewal of RMB licenses. If you let your license expire after January 1, 2020, you will be required to cease operations and reapply for a new RMB license and pay all the required fees.

6 Application Submittal

Applications can be submitted in person or by mail with all attachments and requisite fees (NO CASH):

Marijuana Enforcement Division
1697 Cole Blvd., Suite 200, Lakewood, CO 80401
ATTN: Business Licensing

NOTE: Incomplete applications will not be processed. Applicants must collect the incomplete application and fees (including those mailed in or delivered via courier), from the Lakewood office prior to the end of the next business day.

Renewal Application Required Disclosures

- Provide a copy of the Local Licensing Authority or Local Jurisdiction approval, licensure, and/or documentation demonstrating timely submission of pending local license renewal application.
- Provide a list of any sanctions, penalties, assessments or cease and desist orders imposed by any securities regulatory agency, including but not limited to, the United States Securities and Exchange Commission or the Canadian Securities Administrators

First renewal of the year for each entity must include the following:

- Consolidated Financial Statements - (which may be prepared on either a calendar or fiscal year basis) that were prepared in the preceding 365 days, and which must include a balance sheet, a cash flow statement, and a profit & loss statement. (See separate PTC requirements on PTC Addendum)
 - Audited (required for PTC only) Not Audited If available online, cite location _____
- A copy of any contracts, agreements, royalty agreements, equipment leases, financing agreement, security contract or any other IFIH required to be disclosed by Rule 2-230(A)(3).
- A copy of any management agreement(s).
- Tax Documents** - Documentation or statement establishing compliant return filing and payment of taxes related to any RMB, in which the Person is, or was, required to file and pay taxes. (Please do not send entire tax return).

Provide each of the following (only if changed since the last submission):

- Organizational Documents - Indicate which document is being provided.
 - Articles of Incorporation By-Laws Shareholder agreement
 - Operating Agreement for LLC Partnership Agreement for partnership No Change
- Corporate Governance Documents - Indicate which document is being provided.
 - Required for Publicly Traded Companies Permitted, but not required for Privately held companies No Change
- Certificate of Good Standing from jurisdiction where Entity was formed. (Must be U.S. or country that authorizes the sale of marijuana).
 - No Change
- Proof of Possession of Licensed Premises. Provide all applicable amendments and/or extensions - Indicate which document is being provided.
 - Deed Lease Sublease Rental Agreement
 - Contract Mobile Hospitality Only No Change
- Facility Diagrams - Provide a Legible and Accurate diagram for the facility. The diagram must include a plan for the Licensed Premises and a separate plan for the Security/Surveillance, including camera location, number and direction of coverage. If the diagram is larger than 8.5x11 inches, the Licensee must also provide a PDF copy of the diagram. (Indicate which document is being provided)
 - Licensed Premises Security and Surveillance No Change
- Organizational Chart, including the identity and ownership percentage of all CBO's.
 - No Change
- Provide proof of general liability insurance (Hospitality renewals only)

RMB - Regulated Marijuana Business
CBO - Controlling Beneficial Owner
PBO - Passive Beneficial Owner

IFIH - Indirect Financial Interest Holder
QII - Qualified Institutional Investor

QPF - Qualified Private Fund
PTC - Publicly Traded Company

Affirmation of complete application

Signature THIS FORM MUST BE SIGNED IN ACROBAT PRO OR READER REQUIRED	Printed Name	Date (MMDDYYYY)
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Colorado Marijuana Licensing Authority

Regulated Marijuana Business License Renewal Application

License Types & Fees (See Application Checklist for details on license types and fees.)			
<input type="checkbox"/> Retail Marijuana Store <input type="checkbox"/> Retail Marijuana Cultivation Facility (Select Tier) <input type="checkbox"/> Retail Marijuana Testing Facility <input type="checkbox"/> Hospitality Business <input type="checkbox"/> Hospitality and Sales Business <input type="checkbox"/> Mobile Hospitality Business <input type="checkbox"/> Hospitality Business within a Retail Food Establishment	<input type="checkbox"/> Tier 1 (Up to 1800 plants) <input type="checkbox"/> Tier 2 (1801 to 3600 plants) <input type="checkbox"/> Tier 3 (3601 to 6000 plants) <input type="checkbox"/> Tier 4 (6001 to 10200 plants) <input type="checkbox"/> Tier 5 (10201 to 13800 plants) <input type="checkbox"/> Tier 5+ (_____ plants in excess of 13801)	<input type="checkbox"/> Retail Marijuana Products Manufacturer <input type="checkbox"/> Retail Marijuana Business Operator <input type="checkbox"/> Retail Marijuana Transporter	
<input type="checkbox"/> Medical Marijuana Store <input type="checkbox"/> Medical Marijuana Products Manufacturer <input type="checkbox"/> Medical Marijuana Testing Facility <input type="checkbox"/> Medical Marijuana Business Operator <input type="checkbox"/> Medical Marijuana Transporter	<input type="checkbox"/> Marijuana Research & Development Facility <input type="checkbox"/> Medical Marijuana Cultivation Facility <input type="checkbox"/> Class 1 (1-500 Plants) <input type="checkbox"/> Class 2 (501-1500 Plants) <input type="checkbox"/> Class 3 (1501-3000 Plants) <input type="checkbox"/> Class 3+ _____ (increments of 3000)		
Applicant's Legal Business Name (Please Print)		Marijuana License Number	
Registered Trade Name (DBA)			
Federal Taxpayer ID	Affiliated Colorado Sales Tax License #	Name of Registered Agent (with CO SoS)	
Physical Address			
Street Address of Marijuana Business (include unit number)			
City	County	State	ZIP
Business Phone Number	Email Address		
Mailing Address (if different from Business Address) *Correspondence and licenses will be mailed to this address.			
Address (include unit or apartment number)			
City	County	State	ZIP
Primary Contact Person			
Primary Contact Person for Business		Primary Contact Phone Number	
Primary Contact Email Address			

1. Do you have legal possession of the licensed premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Is the licensee (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation) under the age of twenty-one years?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the applicant or any business entity owned by the applicant ever owned or applied for a Marijuana license in this or any other jurisdiction, foreign or domestic that has been subject to any of the following actions since the last renewal: (1) denial; (2) surrender; (3) order to show cause; (4) suspension; (5) fine; (6) revocation; (7) stipulation or settlement; (8) withdrawn. If YES, provide details on a separate sheet, including jurisdiction, type of action, and date of action.	<input type="checkbox"/>	<input type="checkbox"/>
4. In the past year, has the licensee (including all parent or subsidiary companies, if any) had a tax lien filed against it, or become delinquent in the payment or filing of any taxes, interest, penalties or judgments owed to the State of Colorado. If Yes, explain in detail on a separate sheet and attach copies of all available documentation.	<input type="checkbox"/>	<input type="checkbox"/>
5. In the past year, has the licensee (including all parent or subsidiary companies, if any) been indicted, served with a criminal summons, charged with, or convicted of ANY crime or offense in any manner? Include ALL offenses regardless of class of crime or outcome, even if the charges were dismissed or you were found not guilty. If Yes, explain in detail on a separate sheet and attach it to your application. Provide official documentation from the court showing the final disposition for any felony charge or those related to a controlled substance. (Sealed or expunged non-convictions need not be disclosed).	<input type="checkbox"/>	<input type="checkbox"/>
6. Within the last 12 months, has there been a change in ownership or ownership allocation, a transfer of stock, a change in the incorporation or in the corporate by-laws, or any other change affecting ownership or organizational structure of the licensee or its subsidiaries/affiliates? If yes, explain in detail on a separate sheet and attach copies of all available documentation concerning the changes. (i.e. New operating agreement)	<input type="checkbox"/>	<input type="checkbox"/>

Ownership Structure			
List all CBOs 10% or greater and all Executive Officers, Managers and any other individual and/or entity that Controls the RMB.			
Name	Title	Direct Ownership % in Owner Entity	Direct Ownership % in RMB
Name	Title	Direct Ownership % in Owner Entity	Direct Ownership % in RMB
Name	Title	Direct Ownership % in Owner Entity	Direct Ownership % in RMB
Name	Title	Direct Ownership % in Owner Entity	Direct Ownership % in RMB
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Name	Title	Direct Ownership % in Owner Entity	Direct Ownership % in RMB
7. Are there any outstanding options and/or warrants or other contracts, that may be exercised into an Owner's Interest in the RMB within the next 60 days that would constitute a CBO? <input type="checkbox"/> Yes <input type="checkbox"/> No *If YES, attach list of persons			
8. Are there any other Persons, other than those listed in the Ownership Structure, that can Control the RMB? <input type="checkbox"/> Yes <input type="checkbox"/> No *If YES, attach list of persons			
9. Are any owners renewing their Owners Licenses with this application? If YES, then each must submit the Owner Renewal Applications (DR 8516 & DR 8581 - see website)			Yes <input type="checkbox"/>
			No <input type="checkbox"/>

10. Has the applicant exercised reasonable care to confirm that its CBO's, PBO's (that are Non-Objecting PBO's), Qualified Institutional Investors and Indirect Financial Interest Holders are NOT Person(s) prohibited under Section C.R.S. 44-10-307? (Publicly Traded Companies excluded) If NO, explain on a separate sheet	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Have any CBO's been removed or moved to PBO ownership status since the prior application? If YES, list and explain.	<input type="checkbox"/> <input type="checkbox"/>

Local Licensing Authority (To be filled out by licensee) Include copy of Local License or Approval			
Local Licensing Authority		Local Licensing Authority Contact Name	
Contact Phone	Contact Email		
Current License Status With Local Authority			Date of Expiration

Indirect Financial Interest Holder - List those with 2 or more interests (PBO, lease, Intellectual Property agreements, finance and/or equipment lease agreements, etc.) or loans that are 50% or more of the operating capital as defined in Rule 2-230-1(A)(3).

Name of Interest Holder		Date of Birth (MMDDYYYY)	FEIN/SSN	
Address	City		State	ZIP
List Types of Interests				
Name of Interest Holder		Date of Birth (MMDDYYYY)	FEIN/SSN	
Address	City		State	ZIP
List Types of Interests				
Name of Interest Holder		Date of Birth (MMDDYYYY)	FEIN/SSN	
Address	City		State	ZIP
List Types of Interests				
Name of Interest Holder		Date of Birth (MMDDYYYY)	FEIN/SSN	
Address	City		State	ZIP
List Types of Interests				

Affirmation & Consent

I, _____, as an owner for the applicant business, state under penalty for offering a false instrument for recording pursuant to 18-5-114 C.R.S. that the entire Renewal License Application statements, attachments, and supporting schedules are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a Marijuana license by the State Licensing Authority. Further, I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for denial of the marijuana business application. I am voluntarily submitting this application to the Colorado Marijuana Licensing Authority, under oath, with full knowledge that I may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to Colorado law or for offering a false instrument for recording pursuant to 18-5-114 C.R.S. I further consent to any background investigation necessary to determine my present and continuing suitability and that this consent continues as long as I hold a Colorado Marijuana License.

Note: If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your banking account(s) electronically.

Print Full Legal Name of Owner clearly below:

Applicant's Legal Business Name		Trade Name (DBA)	
Applicant's Last Name (Please Print)	Applicant's First Name	Applicant's Middle Name	
Signature			Date (MMDDYYYY)
THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER			REQUIRED

Confidential Document: This document is the property of the Colorado Marijuana State Licensing Authority and the Colorado Marijuana Enforcement Division, and is provided for Official Use Only. This document may not be further reproduced nor its contents disclosed without the written permission of the Division or State Licensing Authority.

Tax Check Authorization and Request To Release Information

I _____ am signing this waiver on behalf of _____ (the "Applicant/Licensee") to permit the Colorado Department of Revenue and any other state or local taxing authority to release information and documents that would otherwise be confidential. If I am signing this waiver for someone other than myself, I certify that I have the authority to execute this waiver on behalf of the Applicant/Licensee.

The information and documentation obtained pursuant to this waiver will be used in connection with the Applicant/Licensee's application or licensure with the Colorado Marijuana Enforcement Division, which requires proof of compliance with certain tax obligations pursuant to several statutory provisions, including sections 44-10-202(1) and 44-10-307(1)(e), C.R.S. This waiver is made pursuant to section 39-21-113(4), C.R.S.; and any other similar law or ordinance concerning the confidentiality of tax returns and return information. This waiver shall be valid while the application is pending and, if the application is approved, (1) for one year from the date of licensure or; (2) if applying for an employee license under the medical marijuana code, for two years from the date of licensure. If the license is administratively continued pursuant to section 44-10-314 C.R.S., this waiver shall be valid until the state licensing authority takes final action to approve or deny the renewal of the license. Applicant/Licensee agrees to execute a new waiver for each subsequent licensing period in connection with the renewal of any license.

Applicant/Licensee requests that the Colorado Department of Revenue and any other state or local taxing authority release the following information and supporting documentation to the Colorado Marijuana Enforcement Division, which is acting as Applicant's/Licensee's duly authorized representative under section 39-21-113(4), C.R.S., solely to obtain the information specified below.

1. Whether the Applicant/Licensee has failed to file any state tax return with the Colorado Department of Revenue or any other state or local taxing authority by the required due date (determined with regard to any extension(s) of time for filing) for any tax year for which filing of a return might have been required.
2. Whether the Applicant/Licensee has failed to pay any tax, penalty, or interest liability within 30 days of the date on which the Colorado Department of Revenue or any other state or local taxing authority gave notice of the amount due and requested payment.
3. Whether the Applicant/Licensee has entered into a payment plan with the Colorado Department of Revenue or any other state or local taxing authority and whether Applicant/Licensee is current on any payments required by said payment plan.

Applicant/Licensee authorizes the Colorado Department of Revenue and any other state or local taxing authority to release any additional information or documentation necessary to answer the questions above. Applicant/Licensee authorizes the Colorado Marijuana Enforcement Division and its legal representatives to use the information and documentation obtained from the Colorado Department of Revenue and any other state or local taxing authority in any administrative action regarding the application or license. To assist the Colorado Department of Revenue and any other state or local taxing authority locate the tax records, Applicant/Licensee is voluntarily providing the following information (please type or print).

Applicant's Name (Individual/Business)		Social Security Number/Tax Identification Number	
Street Address	City	State	ZIP Code
Home Telephone Number	Business/Work Telephone Number		
Legal Last Name (Please Print)	Legal First Name	Full Middle Name	
Applicant's Signature <small>THIS FORM MUST BE SIGNED IN AROBAT PRO OR READER</small>		REQUIRED	Date (MMDDYYYY)
Signature of Marijuana Enforcement Division agent presenting this request <small>THIS FORM MUST BE SIGNED IN AROBAT PRO OR READER</small>		REQUIRED	Date (MMDDYYYY)

Investigation Authorization/Authorization to Release Information

I, _____, as an owner for this licensee, hereby authorize the Colorado Marijuana Licensing Authority, the Marijuana Enforcement Division, (hereafter, the Investigatory Agencies) to conduct a complete investigation into the background of the person(s) and/or entity, using whatever legal means they deem appropriate. I hereby authorize any person or entity contacted by the Investigatory Agencies to provide any and all such information deemed necessary by the Investigatory Agencies. I hereby waive any rights of confidentiality in this regard. I understand by signing this authorization, a financial record check may be performed. I authorize any financial institution to surrender to the Investigatory Agencies a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to my personal or business financial records in whatever form and wherever located. I authorize the release of this type of information, even though such information may be designated as "confidential" or "non-public" under the provisions of state or federal laws. I understand by signing this authorization, a criminal history check will be performed. I authorize the Investigatory Agencies to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located. I understand the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged pursuant to law. I authorize the release of this type of information, unless sealed or expunged by the court of record, even though this record may be designated as "confidential" or "non-public" under the provisions of state or federal laws.

The Investigatory Agencies reserve the right to investigate all relevant information and facts to their satisfaction. I understand the Investigatory Agencies may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the State of Colorado, Investigatory Agencies, and other agents or employees of the State of Colorado shall not be held liable for the receipt, use, or dissemination of inaccurate information. I, on behalf of the applicant business, its legal representatives, and assigns, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the State of Colorado, Investigatory Agencies, and other agents or employees of the State of Colorado for any damages resulting from any use, disclosure, or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during inquiries, investigations, or hearings, and hereby authorize the lawful use, disclosure, or publication of this material or information. Any information contained within my application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Investigatory Agencies, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country.

Print Full Legal Name of Owner clearly below:

Applicant's Legal Business Name		Trade Name (DBA)	
Applicant's Last Name (Please Print)	Applicant's First Name	Applicant's Middle Name	
Signature			Date (MMDDYYYY)
THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER			REQUIRED

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Applicant's Request to Release Information

TO: (Leave this Blank)	FROM: (Applicant's Printed Name)	
<ol style="list-style-type: none"> 1. I/We hereby authorize and request all persons to whom this request is presented having information relating to or concerning the above named applicant to furnish such information to a duly appointed agent of the Marijuana Enforcement Division whether or not such information would otherwise be protected from the disclosure by any constitutional, statutory or common law privilege. 2. I/We hereby authorize and request all persons to whom this request is presented having documents relating to or concerning the above named applicant to permit a duly appointed agent of the Marijuana Enforcement Division to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege. 3. If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of the same, I/we hereby authorize and request that a duly appointed agent of the Marijuana Enforcement Division be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me/us, including but not limited to past loan information, notes co-signed by me/us, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets. 4. I/We do hereby make, constitute, and appoint any duly appointed agent of the Colorado Marijuana Enforcement Division, my/our true and lawful attorney in fact for me/us in my/our name, place, stead, and on my/our behalf and for my/our use and benefit: <ol style="list-style-type: none"> (a) To request, review, copy sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I/we might; (b) To name the person or entity to whom this request is presented and insert that person's name in the appropriate location in this request: (c) To place the name of the agent presenting this request in the appropriate location on this request. 5. I grant to said attorney in fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I/we might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted. 6. This power of attorney ends twenty-four (24) months from the date of execution. 7. The above named applicant has filed with the Colorado Marijuana Licensing Authority an application for a Marijuana license. Said applicant understands that it is seeking the granting of a privilege and acknowledges that the burden of proving its qualifications for a favorable determination is at all times on the applicant. 8. I/We do, for myself/ourselves, my/our heirs, executors, administrators, successors, and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from all and all manner or actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which the applicant ever had, now has, may have, or claims to have against the person to whom this request is being presented or his agents or employees arising out of or by reason of complying with the request. 9. A reproduction of this request by photocopying or similar process shall be for all intents and purposes as valid as the original. 		
Applicant's Legal Business Name		
Trade Name (DBA)		
Applicant's Last Name (Please Print)	First Name	Full Middle Name
Signature		Date (MMDDYYYY)
THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER		REQUIRED

AFFIRMATION OF REASONABLE CARE – PRIVATE COMPANY

Pursuant to section 44-10-309(4) C.R.S. and Rule 2-230(D), Applicant or Licensee affirms that, prior to submission of this application, it exercised reasonable care to confirm its Passive Beneficial Owners, (including any Qualified Institutional Investors) and Indirect Financial Interest Holders, are not Persons prohibited from being issued or holding a license by section 44-10-307 C.R.S., or otherwise restricted from holding an interest under the Colorado Regulated Marijuana Business Code. An Applicant's or Licensee's failure to exercise reasonable care is a basis for denial, fine, suspension, revocation or other sanction by the State Licensing Authority.

I, _____, as Controlling Beneficial Owner or Manager for
Print

_____, state under penalty of perjury, pursuant to §18-8-503, that the foregoing is true and correct to the best of my knowledge, information and belief.

Signature

THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER

REQUIRED

Date (MMDDYYYY)

AFFIRMATION OF REASONABLE CARE – PUBLICLY TRADED CORPORATION

Pursuant to section 44-10-309(5) C.R.S. and Rule 2-230(D), Applicant or Licensee affirms that, prior to submission of this application, it exercised reasonable care to confirm its Non-objecting Passive Beneficial Owner, (including any Qualified Institutional Investors) and Indirect Financial Interest Holders, are not Persons prohibited from being issued or holding a license by section 44-10-307 C.R.S., or otherwise restricted from holding an interest under the Colorado Regulated Marijuana Business Code. An Applicant's or Licensee's failure to exercise reasonable care is a basis for denial, fine, suspension, revocation or other sanction by the State Licensing Authority.

I, _____, as Controlling Beneficial Owner or Manager for
Print

_____, state under penalty of perjury, pursuant to §18-8-503, that the foregoing is true and correct to the best of my knowledge, information and belief.

Signature

THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER

REQUIRED

Date (MMDDYYYY)